

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15G627</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/09/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ALTERNATIVES-ADEPT</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>8044 DARTMOUTH RD INDIANAPOLIS, IN 46260</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>An investigation of Incident Number IN00122278 was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 01/09/13</p> <p>Facility Number: 001189 Provider Number: 15G627 AIM Number: 100245700</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>Community Alternatives - Adept was found in compliance with 42 CFR Subpart 483 Subpart I and 460 IAC 9.1.1 in regard to the investigation of Incident Number IN00122278.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/10/13.</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.